

NOV 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Willow Springs
City Willow Springs (No. 385)

Registration District No. 385
Primary Registration District No. 4228

File No. 37810
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Willow Springs St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Sarah Wathkins McMill (or) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-26-1868

7. AGE YEARS 69 MONTHS 1 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) Winona (STATE OR COUNTRY) Minnesota

13. NAME John H. McMill

14. BIRTHPLACE (CITY OR TOWN) Minnesota (STATE OR COUNTRY)

15. MAIDEN NAME Mary Greybell

16. BIRTHPLACE (CITY OR TOWN) Hardilton (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Sarah McMill
Willow Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE 10-28 1937

19. UNDERTAKER Burns & Son (ADDRESS)

20. FILED 10/26/1937 Danette Ferguson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-15- 1937 to 10-27- 1937

I last saw him alive on 10-27- 1937 Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Degenerative Heart Dis.
Bronchial Asthma

Date of onset
1917?
1910?

Other contributory causes of importance:
Generalized arteriosclerosis
Chronic Nephritis
Senility

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) E. F. Callihan M. D.
(Address) Willow Springs, Mo

